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(Main), APO 757

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Ch Surg 219.1

CIRCULAR LETTER NO. 77

Current Statistical Health Reports, Tables and Charts - - - - - Section I.  
Rescission of Current Directives - - - - - Section II.

SECTION I. CURRENT STATISTICAL HEALTH REPORTS, TABLES AND CHARTS.

1. General. Effective with the report for the week ending November 16, 1945, all hospitals and separate dispensaries will use the Statistical Health Report, WD AGO Form 8-122 (formerly WD MD Form 86ab, revised 24 January 1944), prepared and submitted in accordance with AR 40-1080, 28 August 1945, except as modified herein. The words "REGISTRY NUMBER WD-201", will be typed in the upper right-hand corner of the form prior to submission. The WD MD Form 86ab and ETOUSA MD form 310 will no longer be used in this theater.

An important change has been made in the Patients' Table (Part II). In order to obtain an unduplicated count of admissions to hospital excluding transfers from one hospital to another lines 4 and 5 on WD MD Form 86ab appear now on WD AGO 8-122 as: line 4, "Transfer from quarters or dispensary" and line 5, "Transfer from hospital". In preparing WD AGO Form 8-122, patients admitted "direct" to quarters or dispensary and transferred immediately to hospital will be entered by the dispensary on line 3, "direct" in columns 4 to 6 rather than in columns 1 to 3 as was done and dropped by "transfer", line 8, in columns 4 to 6. The hospital which received such patients will enter them on line 4, "transfer from quarters or dispensary" in columns 1 to 3. It should be specifically stated that all "direct" admissions will continue to be entered on line 3. Separate columns also have been provided in Part IX for the entry of "transfer from quarters or dispensary" and "transfer from hospital".

Cases which are carded for record only will be entered in columns 4 to 6 "Quarters and Dispensary" rather than in columns 1 to 3, "Hospital" as was heretofore done.

When this new form is used for installations which consolidate several dispensary reports with that for the station hospitals, it will be noted that most of the direct admissions in Part II will appear in columns 4 to 6 rather than in columns 1 to 3 as was formerly done. However, the total admissions (column 10) should be the same regardless of which form is used. It should be emphasized that every admission should be shown once, in line 3 for each continuous period of treatment.

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a. By whom rendered. The report will be rendered by the medical officer in charge of every hospital and separate dispensary. The term "dispensary" refers to any facility, other than a hospital, operated by a medical officer for the purpose of providing medical care for Army personnel. Thus every medical officer responsible for providing primarily non-hospital care for the personnel of an Army organization will be considered to be operating a dispensary.

b. Period covered by the report. Unless otherwise directed by competent authority, the report will be rendered weekly to include data for a period of seven (7) days ending midnight each Friday.

c. Copies and channels. Report will be prepared in triplicate by all units. Original of the report will be forwarded to the Theater Chief Surgeon, Attn: Medical Records Division, APO 757, by the most expeditious means, preferably courier. The first carbon copy will be forwarded to the next higher echelon for consolidation, when directed to do so by competent authority. Base and District Surgeons will consolidate the reports for their command and forward the consolidated report direct to the Theater Chief Surgeon, Attn: Medical Records Division, APO 757, by the most expeditious means, preferably courier.

d. Personnel to be included. All data required on the Statistical Health Report, with the exception of data on "Patients Occupying Beds" and "Beds Occupied", pertains to Army personnel only. Women's Army Corps (WAC) is considered Army personnel. Separate reports for White, WAC and Colored will no longer be submitted.

e. Designation of unit. Hospitals will be designated by their number, APO, together with Army Hospital Plant if applicable, and geographical location. Dispensaries will be identified as "Dispensary" (organization operating the dispensary) together with geographical location and APO. All units submitting report will indicate next higher echelon on this line.

f. Date of rendition of report. All reports will be prepared and placed in the mails or dispatched by courier not later than noon of the day following the close of the period (Saturday noon). It must be borne in mind that much of the value of the report lies in its prompt rendition. The responsible medical officer therefore will be responsible for the timely rendition of the report.

g. Classification of report. Reports will be classified "Restricted".

h. Mean strength. The mean strength of the reporting unit for the report period is computed from the daily Army strengths of the unit. The report prepared by dispensaries will include the strength of all units attached or assigned for medical care during the report period. The Statistical Health Report prepared by hospitals will include in their strength, the mean strength of its own command, the daily Army strengths of all organizations attached to the reporting unit for primary medical care, plus the patients attached unassigned to the Detachment of Patients.

2. Admissions, Dispositions, and Total Number of Army Patients Under Treatment (Patient's Table).

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a. General. It must be borne in mind that the Patient's Table (Part II) accounts for Army patients only, and furthermore, that the table deals with patients as individuals. Each admitted patient will appear only once as a direct admission in the Patient's Table of the reporting unit until he is disposed of. Only the following type of patients will be counted as "admissions" when preparing the Statistical Health Report:

- (1) Army personnel admitted to a medical installation and not returned to duty within the same day.
- (2) Army personnel carded for record only as follows:
  - (a) Deaths of personnel not currently under Army medical care.
  - (b) Venereal disease cases, not previously treated for the same current condition by any Army medical installation as an Army case, which are treated on an outpatient (duty) status.

b. Admissions, direct and by transfer. Each patient will appear only once as a "direct" admission in Part II during one continuous period of illness. A patient admitted direct (not by transfer) by any reporting unit will not be reported as a direct admission by any other unit to which the patient may subsequently be transferred. A patient admitted to a dispensary (consequently reported by the dispensary as a direct admission) will be accounted for by the receiving unit as an admission by transfer.

- (1) Direct admissions will include therefore all patients from whatever command, admitted to the reporting unit, except patients admitted by transfer from another medical installation.
- (2) Admissions by transfer are all patients transferred to the reporting unit from another medical installation.

c. Reporting of patients by dispensaries. Direct admissions to dispensary will be entered on line 3 under "Quarters and Dispensary" even though the patient is immediately transferred to a hospital for observation and treatment. Thus a patient admitted to a separate dispensary and transferred to hospital before 2400 hours on the day of admission will be entered on line 3 under "Quarters and Dispensary" and disposed of on line 8 "transfers", under "Quarters and Dispensary" of the dispensary's report. Such cases will be entered on the receiving hospital's report on line 4, "transfer from quarters or dispensary" under "Hospital".

d. Reporting of patients by hospitals. Hospitals may admit patients either to hospital or quarters. The admissions will be tabulated on the form accordingly under hospital or quarters. Dispositions will likewise be tabulated separately for hospital or quarters, according to the type of disposition.

- (1) Admissions by transfer. Patients admitted to hospital by transfer from another medical installation will be entered on either

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line 4 or line 5 even though the patient may not have spent as much as one day in the transferring medical installation. Patients admitted by transfer from another hospital will be entered on line 5. Patients admitted by transfer from quarters, dispensary, aid station, or clearing station will be entered on line 4.

(2) Hospital to or from quarters. Patients treated by the reporting hospital on a quarters status and then moved, before being disposed of, from quarters to hospital will be entered on line 4, "transfer from quarters or dispensary", under "Hospital" in admissions, and dropped on line 8, "transfers", under "Quarters and Dispensary" in Dispositions.

Patients treated in hospital and then moved, before being disposed of, from hospital to quarters, will be entered on line 5, "transfer from hospital", under "Quarters and Dispensary" in Admissions, and dropped on line 8, "Transfers", under "Hospital" in Dispositions.

3. Persons Carded for Record Only. General. Persons carded for record only for reasons other than those set forth in paragraph 2a (2) above, will not be reported on the Statistical Health Report even though an individual medical record is prepared. Carded persons will be reported by all medical installations (hospital or dispensary) as direct admissions under "Quarters" column. Carded cases of venereal disease will be disposed of as "otherwise" under "Quarters" column. The number of cases carded for record only included on line 3 will also be entered on line 36.

4. Days Lost by Army Patients. A tabulation (Part V on the form) will be made of the number of days lost including days lost due to venereal disease during the report period by Army patients in hospital (definitive care), dispensary or quarters, and convalescent hospitals.

5. Days Lost by Army Patients Due to Venereal Disease. A separate tabulation (Part VI) will be made by the unit actually treating the patients of the number of days lost by Army patients because of venereal diseases. Patients with a venereal disease who are kept in a medical installation due to a condition other than the venereal disease after the time when they normally would have been treated on a duty status will not be considered as losing time due to venereal disease. Differentiation will be made by white and colored patients (except WAC) and by WAC.

6. Percent Remaining Sick on Last Day of Period. This figure is obtained by dividing the total number of Army patients remaining in hospital and quarters on the last day of the period by the total mean strength of the reporting unit and multiplying the quotient by 100.

7. Reportable Conditions. a. General. All communicable diseases and other reportable conditions occurring among Army personnel in hospital or quarters, including cases among Army personnel from the reporting unit in other than

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Army hospitals, will be accounted for in the tabulation on Part IX of the form. Asymptomatic carriers or pathogenic organisms will not be reported as cases in Part IX. If admitted for treatment of the carrier condition, they will be shown under "special not listed" as for example: "Carrier, Endamoeba histolytica carrier, diphtheria bacillus".

b. The cases to be reported are those listed on the form (Part IX) as well as those of special importance not listed thereon. It is of utmost importance that commanding officers insure the prompt reporting of all communicable diseases.

8. Hospitalization Data (Part VII). The following instructions will be followed in reporting hospitalization data.

a. Hospital - Definitive - Normal and Total.

(1) Line 32 - Construction bed capacity, normal. The construction bed capacity of fixed installations will be that figure fixed by the Theater Commander upon opening of hospitals. This figure will remain constant unless a change is authorized by the Theater Commander in the number of beds for that particular hospital.

Construction Bed Capacity, TOTAL, Column II. In column 2, the total construction bed capacity is the sum of the normal beds authorized by the Theater Commander and the expansion bed capacity set by the hospital commander. Expansion beds refers to beds that are supported by adequate equipment over and above the normal construction bed capacity authorized.

(2) Line 33 - Beds Authorized, Normal. Column 1. The number of beds authorized fixed installations will be reported as the total number of normal beds authorized by the respective tables of organization, regardless of the number of beds actually set up. The total beds authorized, column 2, will be the same as normal tables of organization reported in column 1, under normal beds.

(3) Line 34 - Beds Occupied, Normal. Column 1. The number of patients occupying normal beds on the last day of the report period will be entered in column 1. This includes Army as well as non-Army patients.

Beds Occupied, Total. Column 2. The total number of patients occupying normal beds plus those occupying expansion beds, if any, will be entered in column 2, beds occupied, total. Expansion beds will not be reported as occupied unless the total number of patients occupying beds exceeds the normal construction capacity beds of the hospital.

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b. Non-Fixed Hospitals - Construction Capacity, Authorized and Occupied Beds.

- (1) Construction capacity for non-fixed hospitals will be reported as the actual number of beds set up for use at any one time. This figure may vary from week to week depending upon the requirements of the unit.
- (2) Authorized beds will be reported as the total number of beds authorized by the respective tables of organization regardless of the number of beds actually set up at any one time.

Note: Non-fixed hospitals which are designated as fixed installations will be reported as fixed installations in the hospitalization data, rather than non-fixed.

c. Report of beds by Dispensaries and Venereal Disease Facilities.

- (1) Beds in Dispensaries. The number of beds set up and made ready for use in dispensaries and the number of such beds occupied on the last day of the report period will not be included in the tabulation of "Bed Capacity" and "Beds Occupied" (Part VII), or "Patients occupying beds" (Part IV), but will be shown only in "Remarks" (Part VIII). The information will be entered as: "Dispensary beds \_\_\_\_\_". Dispensary beds occupied \_\_\_\_\_.  
(Number) (Number)
- (2) Beds in Venereal Disease Facilities. The number of beds set up and made ready for use in venereal disease facilities and also the number of such beds occupied on the last day of the report period, regardless of whether the patients are treated on a duty or hospital status, will be shown only in "Remarks" (Part VIII).

9. Report of Death. Under remarks will be entered the cause of all deaths entered on line 9 of the form. The cause of death in all injury cases will be shown as "vehicle accident", "gun-shot wound", "acute poisoning except food poisoning", etc.

10. Organizations Included in the Report.

a. Unit reports. Each unit report will contain under remarks or on an attached sheet the name of each organization for which the reporting unit is furnishing primary (non-hospital) medical care, listed numerically together with the strength of each unit.

b. Consolidated reports. Each consolidated report will contain an attached sheet giving the name of each organization for which the reporting units contained in the consolidation are furnishing primary medical care, organizations to be listed numerically together with strength of each.

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11. Rendition of Reports by Prisoner of War Dispensaries and Provisional Prisoner of War Hospitals.

a. Dispensaries operating within Prisoner of War Inclosures will render a weekly report as required by paragraph 1, above. Instructions contained herein will govern the preparation and submission of the report.

b. Provisional Prisoner of War Hospitals will render the Statistical Health Report in the same manner as prescribed for US Army installations. District and Base Section Surgeons will consolidate the Prisoner of War Reports within their respective areas and submit to the Theater Chief Surgeon as required by paragraph 1c, above.

SECTION II. RESCISSION OF CURRENT DIRECTIVES.

1. Paragraphs 2 and 3, Section II, and paragraph 31, Section III, Circular Letter No. 20, Off Ch Surg, 2 February 1944, are rescinded.

2. Paragraphs 5, 6 and 20, Section II, Circular Letter No. 63, Off Ch Surg, 23 April 1944, are rescinded.

3. Paragraphs 1 and 2, Circular Letter No. 130, Off Ch Surg, 5 November 1944, are rescinded.

4. Circular Letter No. 134, Off Ch Surg, 18 November 1944, is rescinded.

5. Circular Letter No. 135, Off Ch Surg, 21 November 1944, is rescinded.

6. Paragraphs 2d (1) and (2), Section I, Circular Letter No. 139, Off Ch Surg, 27 November 1944, are rescinded.

7. Administrative Memorandum No. 102, Off Ch Surg, 3 July 1944, is rescinded.

8. Section II, Circular Letter No. 15, Off Ch Surg, 15 February 1945, is rescinded.

9. Circular Letter No. 27, Off Ch Surg, 22 March 1945, is rescinded.

10. Section II, Circular Letter No. 52, Off Ch Surg, 19 June 1945, is rescinded.

11. Administrative Memorandum No. 24, Off Ch Surg, 20 April 1945, is rescinded.

12. Section I, Administrative Memorandum No. 32, Off Ch Surg, 21 June 1945, is rescinded.

By order of the Theater Chief Surgeon:

*F H Morey*  
F. H. MOREY,  
Colonel, Medical Corps,  
Executive Officer.

